

Civil Action No.

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

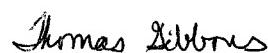
This summons for *(name of individual and title, if any)* GLOBAL CREDIT AND COLLECTION CORPORATION **FILED**
 was received by me on *(date)* 10/15/2013 **JAN 16 2014**

- I personally served the summons on the individual at *(place)* _____
 on *(date)* _____ BY JULIE A. RICHARDS, CLERK
US DISTRICT COURT - EDNC
; or DEP CLK
- I left the summons at the individual's residence or usual place of abode with *(name)* _____
 , a person of suitable age and discretion who resides there,
 on *(date)* _____ , and mailed a copy to the individual's last known address; or
- I served the summons on *(name of individual)* _____ , who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 on *(date)* _____ ; or
- I returned the summons unexecuted because _____ ; or
- Other *(specify)*: I mailed to summons to CT CORPORATION SYSTEM, who is designated by law to accept
 service of process on behalf of GLOBAL CREDIT AND COLLECTION CORPORATION on
 10/15/2013, via USPostal Service certified mail, return receipt # 70121640000096360104.

My fees are \$ 0.00 for travel and \$ 7.50 for services, for a total of \$ 7.50.

I declare under penalty of perjury that this information is true.

Date: _____


Thomas Gibbons
 Server's signature

 THOMAS GIBBONS
Printed name and title

 P. O. BOX 541
 WILSON, NC 27893

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Global Credit Coll Corp
% CT Corporation System
150 Fayetteville St Suite 1011
Raleigh, NC 27601

2. Article Number

(Transfer from service label)

7012 1640 0000 9636 0104

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X Holly Frost Agent
 Addressee

B. Received by (Printed Name)**C. Date of Delivery**

10-17-13

D. Is delivery address different from Item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540